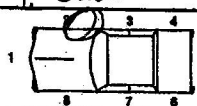
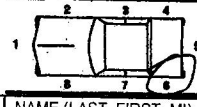


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE							
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH. PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH		11/28/14	DAY	THUR	TIME, MILITARY	1139			
CRASH OCCURRED ON		1530 Dalmart Dr. (Dalmart Parking Lot)		WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION		N		E		S		W		MILES		FEET			
LOG-1		LOG-2		LOC		JUR		FH9		FILT					
A	UNIT NO.	1	NO OF OCCUPANTS	1	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN	NON-CONTACT	<input type="checkbox"/>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		DeVine, Chanda		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		520 Sunset Dr. South Lebanon OH 45065		INSURANCE CO OR AGENT		American Family					
PHONE NO.		(937) 422-0770		BIRTH DATE	3/13/86	AGE	28	SEX	F	SOCIAL SECURITY NO.	—	STATE	OH		
OWNER (IF SAME AS DRIVER, WRITE SAME)		Babb, William		ADDRESS		Same		PHONE		Same					
VEH YR	08	MAKE	Cadi	MODEL	SW	COLOR	Black	STYLE	SW	STATE	OH	LICENSE PLATE NO.	4154MN		
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
8	UNIT NO.	2	NO OF OCCUPANTS	1	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN	NON-CONTACT	<input type="checkbox"/>		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		Killian, Denise		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		120 Miranda St. Morrow, OH 45152		INSURANCE CO OR AGENT		State Farm					
PHONE NO.		(573) 850-3379		BIRTH DATE	6/27/70	AGE	44	SEX	F	SOCIAL SECURITY NO.	—	STATE	OH		
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS		Same		PHONE		Same					
VEH YR	99	MAKE	OIDS	MODEL	SW	COLOR	Blue	STYLE	SW	STATE	OH	LICENSE PLATE NO.	GEN339B		
CIRCLE DAMAGE AREAS				DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES					
D.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		A B C D E F		A B C D E F					
E.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		A B C D E F		A B C D E F					
F.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		A B C D E F		A B C D E F					
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL					
D E F		INJURED TAKEN TO		By				A B C D E F		A B C D E F					
A		OFFENSE CHARGED AND DESCRIPTION		A B C D E F				A B C D E F		A B C D E F					
O		OFFENSE CHARGED AND DESCRIPTION		A B C D E F				A B C D E F		A B C D E F					
RECEIVED CALL		1139		DISPATCHED		1146		ARRIVED		1152		CLEARED		1216	
OTHER TIME		0		TOTAL MINUTES		24									
DATE REPORT FILED		M D Y		PHOTOS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME		J. Haller		BADGE NO.		123	
CHECKED BY															
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE															
1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG															

LOCAL FILE NO.

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION